

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1						51								
2	1						52								
3		1					53								
4		1					54								
5		2					55								
6		2					56								
7		2					57								
8		2					58								
9		2					59								
10		2					60								
11		2					61								
12		2					62								
13		2					63								
14		2					64								
15		2					65								
16	1						66								
17		3					67								
18		3					68								
19		3					69								
20		3					70								
21		3					71								
22		3					72								
23		3					73								
24	1						74								
25		1					75								
26		1					76								
27							77								
28							78								
29							79								
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39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	↓		↓		↓		TOTAL IND.	↓		↓		↓			
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←			
TOTAL CLAIMS							TOTAL CLAIMS								